

**ORDER OF ASSEMBLY FOR OFFICER INTERSTATE TRANSFER**  
**(TO ANOTHER STATE)**

**OFFICER'S NAME:** \_\_\_\_\_

**UNIT:** \_\_\_\_\_

\_\_\_\_\_ MEMORANDUM FROM OFFICER REQUESTING TRANSFER

\_\_\_\_\_ ENDORSEMENT FROM COMPANY/BATTALION/BDE/GP COMMANDER

\_\_\_\_\_ DA FORM 4187 (*must be in exact format of attached sample*)

*\*\*Remarks section #7 will be All States Memo: NGB-ARH, dtd 25 November 2003*

\_\_\_\_\_ COPY OF DA FORM 2-1

\_\_\_\_\_ SF 2807-1 and SF 2808 or SF 88 & SF 93 (*within 5 years*)

\_\_\_\_\_ OER INFO (RATED BY: \_\_\_\_\_ WILL RATE: \_\_\_\_\_)

**J1-PO INCLUDES:**

\_\_\_\_\_ CONDITIONAL RELEASE MEMORANDUM TO GAINING STATE

\_\_\_\_\_ SIDPERS GPFR-1790 (PQR)

\_\_\_\_\_ NGB FORM 23B (RPAS STATEMENT)

**PERSONNEL ACTION**

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is CDCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, EQ 9397.

**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.

**DISCLOSURE:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)

2. TO (Include ZIP Code)

3. FROM (Include ZIP Code)

**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI)

5. GRADE OR RANK/PVOS/AOC

6. SOCIAL SECURITY NUMBER

**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ effective \_\_\_\_\_ hours, \_\_\_\_\_ 19 \_\_\_\_\_

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (E1 only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On the Job Training (E1 only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (E1 only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) <b>INTERSTATE TRANSFER</b>
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE

**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

- Will relocate on or about \_\_\_\_\_.
- AOC/MOS: \_\_\_\_\_.
- Current home address and phone number \_\_\_\_\_
- New home address (if know): \_\_\_\_\_
- Point of Contact, Address, Phone No, of Gaining State: \_\_\_\_\_
- I have cleared all property, individual equipment, and fiscal matters.
- I have been briefed and understand the provisions of All States Memo \_\_\_\_\_, dated \_\_\_\_\_, SUBJECT: Policy on Transfer of Army National Guard Officers Between States
- Ending date of last OER: \_\_\_\_\_.

**SECTION V - CERTIFICATION/ APPROVAL/ DISAPPROVAL**

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED
☐ RECOMMEND APPROVAL
☐ RECOMMEND DISAPPROVAL
☐ IS APPROVED
☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE